

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SL		3-22-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A.T	1071	06/12/01
RESPONSE FORMALITY REVIEW	M.H	625	10-15-01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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40	✓
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42	✓
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44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet her

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BEST AVAILABLE COPY

H.S.  
 6-13-01  
 87  
 10/10/01